

SCC eFile
(6/10)

**2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

210500803

1.) CORPORATION NAME:

BRAIN INJURY ASSOCIATION OF VIRGINIA, INC.

DUE DATE: **9/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

**R WILLSON HULCHER JR
200 SOUTH 10TH STREET
SUITE 1600**

SCC ID NO: **07135825**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1506 WILLOW LAWN DR., STE 212

CITY/ST/ZIP: RICHMOND, VA 23230-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: TERESA POOLE
TITLE: PRESIDENT
ADDRESS: 3034 WESTLAWN PLACE
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042-

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OFFICER

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DIRECTOR

NAME: STEPHEN M SMITH
TITLE: Past President
ADDRESS: PO BOX 829
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23451-

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OFFICER

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DIRECTOR

NAME: KIMBERLY C MOORE
TITLE: TREASURER
ADDRESS: 2007 W GRACE ST
CITY/ST/ZIP/CO: RICHMOND, VA 23220-

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OFFICER

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DIRECTOR

NAME: ANNE H MCDONNELL
TITLE: DIRECTOR
ADDRESS: 7146 CHEROKEE ROAD
CITY/ST/ZIP/CO: RICHMOND, VA 23225-

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OFFICER

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DIRECTOR

NAME: TONY GENTRY
TITLE: President Elect
ADDRESS: 8520 SUNVIEW LANE
CITY/ST/ZIP/CO: RICHMOND, VA 23235-

NAME:	BARBARA CARTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10720 RAMSHORN ROAD		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113-		
NAME:	JOHN BALCONI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6293 OLD FERRY ROAD		
CITY/ST/ZIP/CO:	HIWASSEE, VA 24347-		
NAME:	MARTY DONLAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 SOUTH 10TH ST		
CITY/ST/ZIP/CO:	WILLIAMS MULLEN CENTER RICHMOND, VA 23219-		
NAME:	LIZ PERRY-VARNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5415 SUNRISE BLUFF CT		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230-		
NAME:	EDWARD SCHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3810 AUGUSTA AVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230-		
NAME:	PATTI LANIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3805 ALSTON LANE		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112-		
NAME:	SHARON BRISTOW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 2893		
CITY/ST/ZIP/CO:	TAPPAHANOCK, VA 22560-		
NAME:	BRETT BUTLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5801 BREMO ROAD		
CITY/ST/ZIP/CO:	MOBS SUITE 603 RICHMOND, VA 23226-		
NAME:	C. ELAINE JAFOLLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 HAXALL POINT		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219-		
NAME:	LORETTA LOVELESS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	245 CHESAPEAKE AVE		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23607-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ ANNE H MCDONNELL</u>	<u>ANNE H MCDONNELL, DIRECTOR</u>	<u>8/17/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		